

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

0039724

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

82

Primary Registration District No.

3017

Registrar's No.

140 2200

STATE FILE NUMBER

OCT 26 1964

1. PLACE OF DEATH

a. COUNTY

Cooper

b. CITY (If outside corporate limits, give TOWNSHIP only)

Boonville

Length of stay in 1b

27 yrs

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR
INSTITUTION 818 Main St.

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Cooper

Inside Limits

Yes ☒ No ☐

c. CITY

OR

TOWN

Boonville

Reside on Farm

Yes ☐ No ☒

d. STREET

ADDRESS

(If outside, give location)

818 Main St.

3. NAME OF DECEASED

First

Middle

Last

(Type or print)

John

Jacob

Maddex

4. DATE

Month

Day

Year

OF DEATH

10

23

1964

5. SEX

M

6. COLOR OR RACE

W

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

8/25/1888

9. AGE (last birthday)

76

IF UNDER 1 YEAR IF UNDER 24 HR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done

during most of working life, even if retired)

Implement & Auto dealer

10b. KIND OF BUSINESS OR INDUSTRY

Retail

11. BIRTHPLACE (City and state or country)

Pilot Grove, Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.

13a. FATHER'S NAME

Robert B. Maddex

13b. MOTHER'S MAIDEN NAME

Margaret Johnston

14. NAME OF HUSBAND OR WIFE

Ruth McCutcheon

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

73

17. INFORMANT

Mrs. J. J. Maddex Boonville, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

INFARCTION OF THE MYOCARDIUM, RECURRENT

INTERVAL BETWEEN

ONSET AND DEATH

HOURS

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

ARTERIOSCLEROTIC HEART DISEASE WITH INFARCTION
MYOCARDIAL INFARCTION IN PAST

YEARS

DUE TO (c)

HYPERTENSIVE CARDIOVASCULAR DISEASE

YEARS

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)

PERIPHERAL AND CEREBRAL ARTERIOSCLEROSIS; OBESITY

PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY

PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF

INJURY

Hour

a.m.

Month, Day, Year

20d. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home,

farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

1/9/55

to 10/23/64

and last saw him alive on 10/19/64

Death occurred at

1:50 A

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

329 Main St., Boonville, Mo

22c. DATE SIGNED

10/23/64

23a. BURIAL, CREMATION,

REMOVAL (Specify)

Burial

23b. DATE

10/25/1964

23c. NAME OF CEMETERY OR CREMATORY

Pilot Grove cemetery

23d. LOCATION (City, town, or county)

Pilot Grove

(State)

Missouri

24. FUNERAL DIRECTOR

ADDRESS

Goodman & Boller, Boonville, Mo.

25. DATE RECD. BY LOCAL REG.

10/24/64

26. REGISTRAR'S SIGNATURE

D. Hooper

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

BY AFFIDAVIT OF

DOCUMENT

DATE AMENDED

2

VS 300
Rev. 4/59

1 0275

2 0275

3

4 0

5 1

6

7 0

8 2

9 12/20/1

10

11

12 90-0

13 1-0

00000000

NOV 4 1964

NOV 4 1964
OCT 29 1964

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed William N. Wood

Licensed Embalmer No. 4539

P. O. Address Boonville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.